

APPLICATION FEE DETERMINATION RECORDS
Effective October 1, 2003

Application or Docket Number

10/748208

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | | |
|-------------------|---------------|--------------|
| CLAIMS | 24 | |
| | NUMBER FILED | NUMBER EXTRA |
| CHARGEABLE CLAIMS | 24 minus 20 = | 4 |
| INDEPENT CLAIMS | 3 minus 3 = | |

IF DEPENDENT CLAIM PRESENT

If difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE

OTHER THAN
OR SMALL ENTITY

| | | | |
|-----------|--------|--------------|--------|
| RATE | FEES | RATE | FEES |
| BASIC FEE | 385.00 | OR BASIC FEE | 770.00 |
| XS 9= | | OR XS18= | 72.00 |
| X43= | | OR X86= | |
| +145= | | OR +290= | |
| TOTAL | | OR TOTAL | 842.00 |

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|-------|---|------------------|
| Dependent | 21 | Minus | 20 | = 1 |
| Dependent | 3 | Minus | 3 | = 0 |
| IF PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

SMALL ENTITY OR OTHER THAN
OR SMALL ENTITY

| | | | |
|-----------------|------------------------|--------------------|------------------------|
| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| XS 9= | | OR XS18= | 18.00 |
| X43= | | OR X86= | |
| +145= | | OR +290= | |
| TOTAL ADDT. FEE | | OR TOTAL ADDT. FEE | 18.00 |

(Column 1) (Column 2) (Column 3)

| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|-------|---|------------------|
| Dependent | 18 | Minus | 21 | = |
| Dependent | 3 | Minus | 4 | = |
| IF PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| | | | |
|-----------------|------------------------|--------------------|------------------------|
| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| XS 9= | | OR XS18= | |
| X43= | | OR X86= | |
| +145= | | OR +290= | |
| TOTAL ADDT. FEE | | OR TOTAL ADDT. FEE | |

(Column 1) (Column 2) (Column 3)

| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|-------|---|------------------|
| Dependent | | Minus | | = |
| Dependent | | Minus | | = |
| IF PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| | | | |
|-----------------|------------------------|--------------------|------------------------|
| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| XS 9= | | OR XS18= | |
| X43= | | OR X86= | |
| +145= | | OR +290= | |
| TOTAL ADDT. FEE | | OR TOTAL ADDT. FEE | |

If entry in column 1 is less than the entry in column 2, write "0" in column 3.

If Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".